Health Resource Service Administration (HRSA) Programs for Pregnant Women and Children, Maternal and Child Health Bureau (MCHB) — Karen Hench, MCHB, HRSA

I want to acknowledge and thank the CDC staff for convening this very important meeting.

Just to briefly reorient you, HRSA is one of the 12 agencies within the Department of Health and Human Services. It ranks third in total federal appropriations and second only to the National Institutes of Health (NIH), if we consider only the Public Health Service (PHS) agencies. On behalf of Dr. Peter van Dyck, Associate Administrator of the MCHB, I'm here today to present the perinatal programs for women and their children, administered by MCHB, one of the four bureaus of HRSA. Within the MCHB, there are five divisions and four offices. These divisions and offices administer the various MCHB programs.

MCHB Perinatal Programs

Mission. The mission of the MCHB is to provide national leadership and to work in partnership with states, communities, public and private partners, and families to strengthen the MCH infrastructure, assure the availability and use of medical homes, and build the knowledge and human resources to assure continued improvement in the health, safety, and well-being of the MCH population.

Goals. MCHB has set the following goals for the year 2003, which are consistent with the Healthy People 2010.

1. To eliminate health disparities in health outcomes and removal of economic, social, and cultural barriers to receiving comprehensive, timely,and appropriate health care
2. To assure the highest quality of care
3. To improve the MCH infrastructure and coordinated system of care

For each goal, eight to ten objectives have been developed to annually assess goal achievement.

Through MCHB, HRSA supports maternal and child health programs that

4. build health care and public health infrastructure
5. explore innovations in care for children with special health care needs
6. demonstrate and forge improvements in care for mothers and children
7. expand emergency medical services for children
8. promote abstinence among teenagers

Budget. The MCHB appropriation in Fiscal Year 2000 is $873.5 million, a relatively small portion of the total HRSA budget, but its impact is far-reaching to the nation's mothers and children. A major component of the MCHB is Title V of the Social Security Act, which was enacted over 65 years ago. After the Omnibus Budget Reconciliation Act in 1981, Title V became the first state block grant program. It is a genuine partnership between the federal government, states, and local communities to assure the well-being of women and children. Every four federal dollars are matched by three state dollars. Total MCH expenditures include income from MCH

programs, local MCH funds, and other sources.

Populations served. The MCH population includes all U.S. pregnant women, infants, children, adolescents and their families, including women of reproductive age, fathers, and children with special health care needs.

Title V. In 1997, Title V programs served over 24 million persons. Almost 2 million of these were pregnant women, and an additional 1.8 million others, most of whom were nonpregnant women. Viewed a different way, of the nearly 4 million women giving birth in the United States in 1997, Title V served nearly 50% of them, mostly by providing prenatal or postnatal care services. The Title V block grant is the only federal program that focuses solely on improving the health of all mothers, adolescents, and children, whether insured or not, through a broad array of public health and community-based programs that are designed and carried out through well-established federal and state partnerships. The conceptual framework for these services is envisioned as a pyramid with four tiers of services and levels of funding that provide comprehensive services for mothers and children.

9. Direct health care, such as perinatal health services (47% of FY 97)
10. Enabling services, such as transportation, outreach, and case management (25% of FY 97)
11. Population-based services, such as newborn screening, counseling, education (14% of FY 97)
12. Infrastructure building services, such as needs assessment, policy development, quality assurance (14% of FY 97)

Performance measures. In accordance with the Government Performance and Results Act, MCHB has developed a set of 18 national "core" performance measures and up to 10 state-specific or negotiated performance measures that are based on priority needs as identified in their five-year statewide needs assessment. Resources are assigned and programs are designed around these priorities, and the programmatic activities are classified under one of four levels of the pyramid. An example of a national core performance measure is the percent of infants born to pregnant women receiving prenatal care beginning in the first trimester. Several states (e.g., AR, GA, MI, NH, TN) have identified state-specific priorities around prenatal HIV counseling, testing, and/or reduction of perinatal HIV transmission.

Title V Snapshot (data) book. In 1999, MCHB published a wealth of national and state-specific data from the 59 states and jurisdictions that submitted Title V applications in 1999 and 1997 annual data reports electronically. By going to your state's Fact Sheet, you can review the totals served and the total expenditures by individual category and your state's priority MCH performance measures.

13. 85% of the Title V funds go directly to states.
14. 15% is a set-aside appropriated for Special Projects of Regional and National Significance (SPRANS) for special demonstration, research and training projects.
15. 12.75% is appropriated for the Community Integrated Services Systems (CISS), another set-aside to reduce infant mortality and increase the comprehensiveness of local service delivery systems.
16. 30% of state Title V funds within each state go to preventive and primary care for children

and youth, and 30% is spent on services for children with special health needs.

Other MCHB Funding and Programs

17. **Healthy Start** ($90 million). Authorized under Section 301 of the PHS Act, the Healthy Start Initiative was founded in 1991 on the premise that community-driven strategies were needed to address the causes of infant mortality and low birthweight, especially among high-risk populations. During its first five years, one organizational intervention model and eight service intervention models were developed, including
    18. community-based consortia
    19. care coordination/case management
    20. outreach and client recruitment
    21. enhanced clinical services
    22. family resource centers
    23. risk prevention and reduction
    24. facilitating services
    25. training and education
    26. adolescent programs
27. **Abstinence**. Under Section 510 of the Social Security Act, $40 million is authorized for abstinence education for school-age children.
28. **Emergency Medical Services for Children** (EMSC) ($17 million)
29. **Poison Control** ($3 million, new for FY 2000)
30. **Newborn Hearing Screening** ($3.5 million, new for FY 2000)

Division of Perinatal Systems and Women's Health (DPSWH) Activities

31. Demonstration grants
    32. Healthy Start (84)
    33. Alcohol Screening During Pregnancy (4)
    34. Perinatal Domestic Violence Intervention (4)
    35. Innovative Approaches to Women's Health Promotion (3)

36. **Resource centers**
    37. Healthy Start (www.healthystart.net)
    38. National Fetal and Infant Mortality Review (202.863.2587)
    39. Women's and Children's Health Policy Center (410.502.5443)
    40. National Center for Education in Maternal and Child Health (703.356.1964, www.ncemch.org)

41. **MCH provider partnerships**
    42. American College of Obstetricians and Gynecologists (ACOG). The MCH-ACOG partnership convened an expert panel in November 1999 to examine how changes in the nation's health care system have affected access to psychosocial services for pregnant women. A report on the findings will be published this year.
    43. American College of Nurse Midwives (ACNM). These activities focus on provider education and perinatal health through provider partnerships in nine states.

44. **Mortality/morbidity review programs**
    45. Describe significant social, economic, cultural, safety, health and systems factors

that contribute to mortality.

46. Design and implement community-based action plans founded on information obtained from the reviews.

47. **Best practice guidelines and training**

48. Bright Futures for Women

49. Perinatal Substance Abuse Prevention training and technical assistance

Other Resources

50. Toll-free number for families to inquire about federally funded health care providers

51. 1.800.311.BABY (English)

52. 1.800.504.7081 (Spanish)

53. Title V Data Reporting (www.mchdata.net)

Summary

Title V and other MCHB programs are in a key position to reach high-risk, low-income women through HIV counseling, testing, and treatment programs. Across the country, and particularly in those states with the highest prevalence of HIV and AIDS among women of childbearing age and children, state Title V programs have responded to the epidemic with a range of interventions, including

54. incorporating HIV counseling and testing into prenatal care services

55. developing guidelines and provider education for universal HIV counseling, voluntary testing, and use of perinatal antiretroviral chemoprophylaxis

56. arranging for emergency coverage of zidovudine costs for newborns until enrolled in Medicaid

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